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1946

the dental assistant



**Journal • of • the
American • Dental
ASSistants • ASSociation**

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PRESIDENT'S PAGE

Dear Fellow Members:

It was my pleasure to spend a few days of last week in Miami Beach and work with the girls on the Local Arrangements Committees. If I could impart to you just half as much enthusiasm over the forthcoming annual meeting as I came home with—you would all be Miami bound. The Florida girls have great plans in the working and have many wonderful surprises for you. I am sure I express the feeling for the entire group with whom I worked that much was accomplished and I feel my trip was well worthwhile. I have never worked with a more cooperative group than those girls and we are indeed fortunate to have so many girls with such varied experiences in making plans. Not only did we have the local girls from Miami but others from over the State with us.

Both hotels, the Surfside and the Roney-Plaza, are beautiful and the facilities at the Roney-Plaza for holding all the Sessions are most adequate. I wish it were possible for each girl attending to stay over an extra day or so to enjoy the beauty of the Roney-Plaza and of Miami Beach.

A complete list of the Local Arrangements Committees is presented to you. I know any one of them will be glad to give you any information you might desire.

"PROGRESS" is our Motto for the year! I feel we have definitely progressed in view of the fact that we are just now rising from a period of War Time Emergency. One of the biggest disappointments to me during my term as President has been that we have not been able to hold a full scientific meeting. However, our membership has increased and is higher than it has ever been in the history of the ADAA. So, you see we have made progress in that direction, and also Educationally. Steps have been taken to establish courses for Dental Assistants in Colleges and Universities over the United States and have already been established in many. Revisions have been made in our By-Laws which have elevated our Educational Standards.

This will be my last message to you through the medium of our Journal as your President. To those I have not had the privilege of knowing personally—I want to say it is **my** loss and that I appreciate the cooperation you have given me. To those I have met—I feel that a closer tie binds us, and to say it has been a real pleasure to work with you and to know you better is expressing it mildly. No greater honor can come to any member of an organization than to serve as officer and especially as president. I have at all times tried to be mindful of this great honor. When I was elected to the presidency I accepted, realizing that honor comes to no one without even bigger responsibilities. It is true of this office! I'm sure the majority of the membership does not realize how much time and money it takes to serve as an officer of the ADAA and that it could not be accomplished by any girl without the full cooperation of her employer.

October is a short time away. Make your plans NOW to come to Miami and make your reservations at the Hotel Surfside, Miami Beach. It will be my happy privilege to meet you and to greet you and I am looking forward to same.

Again let me say a big "THANK YOU" to every member of the ADAA for your loyal support and cooperation!

See you in Miami Beach!

Lucile Black.

THE DENTAL ASSISTANT

CONVENTION COMMITTEES

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Margaret Walsh, Co-Chairman	446 Ingraham Bldg., Miami, Fla.

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Dorothy Floyd	1283 N. W. 27th St., Miami, Fla.
Evelyn Agey	138 Alhambra Circle, Coral Gables, Fla.
Lelia Koontz	319 Washington Ave., Titusville, Fla.
Jeanne Fairbrother	138 Alhambra Circle, Coral Gables, Fla.

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Gloria Diaz	521 DuPont Bldg., Miami, Fla.
Margaret Klinkenberg	1101 Huntington Bldg., Miami, Fla.

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Ruth Walker	Palatka, Fla.
Margaret Walsh	446 Ingraham Bldg., Miami, Fla.
Eunice Pardon	314 Seybold Bldg., Miami, Fla.
Mildred Easton	420 N. E. 55th Terrace, Miami, Fla.

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Ruth de Bedts	314 Seybold Bldg., Miami, Fla.
Myrel Arnold	1205 E. Cleveland, Clearwater, Fla.
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Freddie Worsham	108 E. Central Ave., Orlando, Fla.

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Evelyn Brett	Official Suite
Ann Kinard	Local

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Parliamentarian

Mrs. T. T. Stevens	Miami, Fla.
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BACKGROUND FOR ACTION

by

Harold Hillenbrand, D. D. S.

(Editor, Journal of the American Dental Association)

Delivered at the annual meeting of the American Dental Trades Association, May 22, 1946.

For the past eight years there has been an intensive discussion of the problem of improved health in this country but, to date, there has been no substantial progress at the level of the federal government. There are many reasons for this. The provision of health care touches so many millions of people so vitally that they are unwilling to take part in experiments that they would consider commonplace in some other sphere of human affairs. The provision of health care is so complex and so bound to economic and social life that its solution is not simple as some people would have it. The provision of health care has become an important political issue and thus becomes a subject for the endless manipulation that we know as American politics. The provision of health care is on its way to becoming an emotional issue, rather than an intellectual one whose progress is to be sought in careful experimentation, accurate fact-finding and cool evaluation of results.

The time is here when we must discard our fixed opinions, our doctrinaire attitudes and our pat solutions for a fresh examination of the basic problem. It is my purpose to present certain facts on which there is reasonable agreement and, with these as a basis, to examine various solutions for the great problem of improved dental health.

No problem, including this one, will ever come to satisfactory conclusion unless we know the broad goals toward which we are striving. When we know these we must examine:

1. The size of the problem in terms of needs and costs.
2. The alternatives from which we must select in reaching a solution.
3. The proposals that have been made.
4. The resources that are available to solve the problem.

I. GOALS FOR DENTAL HEALTH

The Council on Dental Health of the American Dental Association has set up the following goals for achievement in the next period of five years:

1. The prevention of dental diseases by discovering more effective methods of attacking the presently unknown causes of dental diseases; the support of such intensified research with adequate funds, personnel and facilities.
2. The control of dental diseases by the expansion of community dental programs, integrated in the general health program, to provide every child with dental care, regardless of income or location. These programs should be maintenance programs centered in the control of the annual increment of new dental diseases in children.
3. The provision of additional facilities and uniform standards for dental care by making dental services available in hospitals and health centers for in-patients and out-patients.
4. The recruitment of an annual enrollment of dental students equal to the capacity of all dental schools in order to increase the number of qualified dentists.
5. The adoption of measures to make dental practice in smaller cities and rural areas more attractive and rewarding in order to procure a better distribution of dentists.

II. THE DENTAL PROBLEM: NEED AND COST

There are many ways of discussing dental needs and the easiest way of all is to tell you that almost all people need dental care, that dental diseases occur almost universally among the general population. But all people also need good nutrition, good housing and better incomes, and it is difficult to realize the enormity of such a problem in terms of 140 million people unless we examine it a bit more closely. I could tell you that dental needs can be put into two classes: the need that has accumulated over a period of years because teeth were neglected and the need that arises each year because there is a new crop of dental defects. But do these statements bring home the enormity of the problem as well as those which deal reasonably accurately with the overall picture. For example:

1. American children, between the ages of 6 and 18, have accumulated 244 million cavities in their mouths and these need repair at the present time (1). American children, between 6 and 18, get 33 million new cavities each year (2).
2. American adults have accumulated 285 million cavities (3) and get 79 million new cavities each year (4).

3. American adults need 25 million extractions each year (5).

4. American adults need 11 million prosthetic appliances each year (6).

And we still have not started to talk about the total picture of dental need: the unknown number of X-ray pictures, of surgical cases, of orthodontic cases, of periodontal treatments and those other things that go to make up good dental practice.

I don't have to tell a group of experienced business men that that amount of dentistry will cost money. They know that; but they are interested in figures. Here they are:

1. It would cost, in round figures, 50 dollars to fix up the mouth of the average American adult and somewhere around 10 to 15 dollars each year to keep it in shape (7).

2. It would cost, in round figures, 15 dollars to fix up the mouth of the average American child without including orthodontic treatment. It would cost about 8 dollars per year to keep it in shape (8).

On the basis of these figures, it would cost something like 5 billion dollars to catch up with accumulated defects in people and about 1 billion dollars to take care of new dental diseases every year (9). Five billion dollars happens to be ten times the sum all of the American people spent for all types of dental care in 1941.

In children, the cost for initial care would be 405 million dollars with an annual cost of \$216 million for new defects each year (10).

At this point I think we are entitled to make several conclusions: first the problem of dental need is enormous even in this country that boasts of, and has, the best dental care in the world; second, that the problem of dental cost is a real one and that it is not likely or realistic to expect sums ranging from 1 billion to 5 to be made available for dental care in the near future. This means, in effect, that under present conditions a complete dental program for all of the people does not seem to be possible.

III. THE ALTERNATIVES IN SOLVING THE PROBLEM

With these few facts in mind, I think it would be interesting and profitable for all of us to make a selection from seven alternatives which arise in designing a solution for the dental problem. These are not all of the alternatives, by any means, but they do indicate the complexity of the problem. These alternatives are also useful in evaluating proposals that have been made.

Take a choice:

1. Between providing complete dental care and partial dental care, keeping in mind dental needs and dental costs.
2. Between providing dental care for all of the people or for certain limited priority groups, such as children.
3. Between trying to catch up with accumulated need and new dental disease, or settling for one or the other.
4. Between a compulsory program or a voluntary one.
5. Between a program paid for out of private funds and one paid for out of public funds or tax money.
6. Between a program run by the federal government or one run by the state or community government.
7. Between a program that gives dental care under present standards and one that either lowers or increases them.

When you are finished with making these choices, you have a national health program for dentistry of your own design. But the selection is not as easy as all of that for the choices involve many technical problems.

IV. THE LEGISLATIVE SCENE

With this background, let us see what choices have been made or are proposed in existing legislation.

1. Social Security Act.—I believe that few recent health program proposals can be understood unless they are examined against the background of the Social Security Act, which was passed in 1935. Before that time there was no federal level program for social security as the states and communities tried to take care of these problems themselves. In the depression of the early thirties, the states exhausted their funds and turned to the federal government which enacted the comprehensive Social Security Act with which all of us are familiar. This act, however, contained no provisions for dental and medical care which most of us will admit are part and parcel of social security. This part of the program was omitted because health provisions were controversial and the administration did not want to risk losing its whole social security program on this one basis.

All of the Wagner health bills and all of the Wagner-Murray-Dingell bills, with one exception, tried to amend the original Social Security Act of 1935 by including some form of a national health program.

2. **Grants-in-aid:** Now there are two ways in which the federal government can aid the states in certain programs. One is by taking full charge itself as it did during prohibition when the individual states were not permitted to decide whether or not they wanted their citizens to tipple. National compulsory health insurance is another example. The other method is the grants-in-aid system under which federal money is granted to the states for certain purposes and under which the states can, within broad limitations, decide how they want the money spent. This system was used in developing our network of highways throughout the country and was the method used to aid the states under the Social Security Act of 1935. The first Wagner Health Bill in 1939 proposed this system to aid health but the bill did not pass.

3. **Wagner-Murray-Dingell Bill.**—Suddenly, in 1943 the system of grants-in-aid was discarded when the first Wagner-Murray-Dingell bill proposed a national system of compulsory health insurance. Another bill was introduced in May, 1945 and again proposed a series of amendments to the Social Security Act of 1935 for health purposes.

On November 19, 1945, however, President Truman sent a strong message to Congress and still another Wagner-Murray-Dingell bill was introduced. This bill, on which hearings are now being held by the Senate Committee on Education and Labor, is interesting for several reasons: (1) it proposes a system of compulsory health insurance with provision for certain dental benefits; (2) it does not propose to amend the Social Security Act but constitutes separate legislation; (3) it contains no provisions for raising funds to pay for medical dental, hospital, nursing and laboratory benefits. This section was eliminated to take the bill out of the hands of the Senate Committee on Finance and place it in the hands of the Committee on Education and Labor of which Senator Murray is chairman. This strategy was successful and hearings have been held. It is the general consensus that the bill has no chance of passage this session.

4. **Smith-Taft-Aiken Bill.**—The verbal fight between Senator Murray and Senator Taft at the opening of the hearings on the current Wagner-Murray-Dingell bill indicated something more than irascibility. It indicated a basic difference of philosophy in handling the health problem. This difference is reflected in a bill recently introduced in Congress by Senators Taft, Aiken and Smith. This bill proposes medical and rather extensive dental benefits under the grants-in-aid system as contrasted to the system of compulsory health insurance proposed by Wagner-Murray-Dingell. This bill is important, not because it has a chance of passage this year, but because it reflects a growing tendency to use the grants-in-aid method as the operation of choice at the national level. There is other evidence in this direction.

5. **Pepper Bill.**—Senator Pepper, Florida, has also introduced a health bill utilizing the grants-in-aid system for health. This bill places a majority of control in the hands of the Children's Bureau which, until quite recently, was in the Department of Labor.

6. **A.D.A. Bills.**—The American Dental Association has opposed the establishment of a national compulsory health insurance system but it has not been content with opposition alone. As early as 1939 it enunciated its own program for dental health and at the present time has two bills in Congress which will translate that program into reality.

The first bill, S. 190, which has been passed by the Senate and which is expected to pass the House in the next few weeks, appropriates 2 million dollars for the erection of a National Institute of Dental Research at the National Institute of Health. It also proposes that grants-in-aid, to the amount of \$730,000 per year be given to public and private agencies for the intensification of dental research. This bill was introduced because of the A.D.A.'s basic belief that intensified dental research is the foundation of any successful comprehensive dental program because only through research will the causes of dental diseases be discovered and better methods of prevention and control be revealed.

The second bill, S. 1099, proposes that an appropriate sum be made available to the states through grants-in-aid for experimental programs in dental health education and dental care. Under this bill, the states can design their own programs according to their needs and will have a large measure of control over its expenditure. If this bill passes, it will also make possible intensive experimentation so that we can learn better ways and methods of providing dental health education and care for large groups of the population.

Significantly, the bills of the American Dental Association formed the basis of the bills sponsored by Senators Taft, Smith and Aiken.

7. **Veterans Administration.**—This discussion of the legislative scene would not be complete without mention of the dental program of the Veterans Administration, the largest venture in health ever undertaken by the federal government. At the present about ten million

veterans are eligible for what amounts to rather complete dental care. If these benefits are extended to dependents, and this is likely, thirty million persons will be eligible for benefits. No program involving along a quarter of the entire population is insignificant. The A.D.A. has watched this program with considerable interest and has aided in its development. At the moment, it does not appear that there will be a widespread erection of central clinics but a real effort will be made to handle these patients through private practice.

8. **Governmental Reorganization.**—Another message of the President's also has importance in this connection. Recently the President outlined a reorganization plan for the health and welfare agencies of the federal government and, unless Congress objects by July 20, will become effective. The President ordered all federal health agencies, including the Children's Bureau, into the central Federal Security Agency. He abolished the Social Security Board, one of the most ardent advocates for a compulsory health insurance program. Additionally he stated that he would ask Congress to give this agency executive status with a secretary as a member of his cabinet. When and if this happens, the danger of an undesirable health program would appear to be minimized.

Thus far, then, we have seen the size of the problem in terms of dental needs and costs. We have examined the alternatives that are before us. We have looked at the legislative proposals that have been made and at recent trends that have some significance. Now we come to an important part of our discussion: what is there to work with in attacking this great problem of dental health? What are the resources of the dental profession and of those allied groups associated with it?

V. DENTAL RESOURCES

No one who knows the problem believes any longer that dental health is a problem solely for dentists. Dental health is a community problem whether a community is a village, city, state or nation. But dentistry also has a responsibility for certain parts of the program. This responsibility extends not only to dentists but to all associated groups: the dental hygienist, the dental manufacturers, the dental dealers, the dental technicians and the dental assistant.

1. **Advancing Research:** The basic plank in the A.D.A. platform for dental health is the intensification of dental research. This does not mean only the research done on the causes and control of dental caries. It means research in developing new materials for dental practice so that the dentist can get his job done more effectively and more quickly. It means research in developing better instruments and better equipment so that more patients can be served in a shorter time. It means improving dental materials and dental products so that the patient reaps a benefit of greater permanency, greater cosmetic effect or greater comfort.

One has only to stop a minute to realize what a job has been done in research during the war by various industrial organizations. The production of penicillin in enormous quantities was brought about largely by the research, inventive genius and industrial know-how of trained commercial organizations. This story has a parallel in the development of plastics, to which many dental firms have contributed a great deal. It is research of this kind, multiplied many times, which can be a far-reaching contribution to the solution of the problem of dental health.

On another front, dental research is making great strides that can not help but affect the dental problem. The discovery that 1 part per million of fluorine in public water supplies would decrease the amount of dental caries seems to be pretty well substantiated. In various parts of the country public water supplies are being treated with fluorine in an effort to study all of the effects of such a study. Arnold (11) in 1943 predicted that if 1 part per million of fluorine were added to the water of Lake Michigan, which has no fluorine, one could reasonably expect:

- "1. About six times as many children having no dental-caries experience (caries free).
- "2. About a 60% lower dental caries experience rate.
- "3. About a 75 per cent decrease in first permanent molar loss.
- "4. Approximately 95 per cent less dental caries in the proximal surfaces of the four upper incisors."

Dental research has also disclosed another promising attack on dental caries. When various solutions of sodium fluoride are painted on the teeth, the best evidence now reveals that in children a reduction in dental caries from 25 to 50 per cent can be expected (12).

This does not mean that dentists are discovering themselves out of business as we will see later, but it does mean that with a decreasing caries rate dentists will be able to serve more people in better fashion.

2. Advancing Dental Health Education.—During the war, the young people of this country had their greatest and most permanent lesson in dental health when thousands of military dentists treated the mouths of millions of men and women who had never been to a dentist. This education will become a permanent asset to health and to the widespread demand for good dental services if it is continued and intensified.

Let us look at the need for continued dental health education in another way. We have seen that the cost to repair the mouths of American adults would be about 5 billion dollars. We have also seen that the annual average expenditure for dental care is about 500,000 dollars. We have seen also that there are about 65,000 dentists in practice. This means that, under present conditions, 65,000 dentists are needed each year to supply 1/10 of the dentistry to repair accumulated need. This means that all of the dentists are necessarily leaving 9/10 of the load untouched simply because they can not get around to it. Even though dental research cut this backlog in half, there still would be more than all dentists could do. Dental health education, therefore, has the important task of alerting an increasing number of people to the value of dental health so that an increasing number of the public may be served.

Let us look at the need for intensified dental health education in another way. In 1944, 185.3 million tooth and dental plate brushes were shipped from factories in the United States. Of these, 78.8 percent went to the persons in service; 106.5 million went to the civilians at home (57 per cent) (13). This is less than one-half of the amount of brushes that would be needed to give two to every person between 2 and 60 years in the United States. To say that another way, only half of the people in this country use toothbrushes.

And here I venture out of my own field. It seems to me that it must be a fairly expensive process for the toothbrush companies to compete with one another for a customer's favor. Would it not be cheaper, and more helpful to dental health, to turn these efforts to increasing the use of dental toothbrushes? I have the notion that it would be cheaper to educate one person to use his first toothbrush than it would be to get one person to switch to another brand. With one-half of the market still untouched, there is a great field here for productive dental health education that would quite materially enlarge the dental market.

3. Enlarged and More Effective Personnel.—The end and the beginning of the amount of dental service that can be rendered, however, rest with the number of persons who can perform dental operations. Expanding the market for good dentistry will mean little if there are no dentists to provide the service so, perhaps, we had better examine the possibilities of dental personnel.

4. Dentists.—It is estimated that there are between 65,000 and 70,000 practicing dentists in this country. There is no accurate record of these, however, but the American Dental Association will soon rectify this deficiency. Already it has published a roster of members which is now available. This lists dentists and their addresses alphabetically by states. But better records than these are needed and work is in progress.

Using the dental questionnaires which were returned by almost every dentist when Selective Service began operation, a new record of all dentists in the U. S. is being compiled by the American Dental Association. Work on this should be completed in the next year or so. When it is, all dentists, regardless of membership, will be listed in a directory. The directory will give a national alphabetic listing and also an alphabetic listing by states. In addition, the year of graduation, school of graduation, specialty, name and address of each dentist will be listed. Preliminary reports from John J. Hollister, Business Manager of the A.D.A., who is directing this project, indicate that the number of dentists in this country may be as high as 80,000. Copies of this directory will be available for the use of interested dental groups and organizations.

One of the big difficulties that is added to the shortage of dentists, is their distribution. Out of 2,934 counties in the United States, there are 215 without a single dentist. The ratio of dentist to patient varies through the following range: (14).

Mississippi	1:5,870
Arkansas	1:5,024
Alabama	1:4,753
Ohio	1:1,665
New York	1:1,256
Illinois	1:1,766
Pennsylvania	1:1,474
District	1:1,017

The mere passage of Wagner-Murray-Dingell bills will not solve this problem. Dentists must be placed in these areas through some continuing program if dental care is to be made

available to all of the people. Because the dental trades are in very close touch with every part of the country and its potential needs, they can have an important influence in pointing out locations which will support a dentist and which need one. If this could be done through an organized program, it would be extremely helpful in solving this difficult problem.

The shortage of dentists, therefore, is a problem but not an insuperable one. Much good can be done by a continuing program of vocational guidance which will attract a greater number of qualified candidates to the dental schools. Such a program will soon be initiated by the American Dental Association on a national basis and is already under way in many states. The dental trades can do much to assist in this project.

5. Dental Students.—What about the future number of dentists and to answer this question we must look to the dental schools. Since 1901, when there were 57 dental schools in the country, the number has steadily decreased to 45, in 1921, and to 39 in 1945 (15). This year a new school will open in the state of Washington and others are in prospect in Florida, Colorado, Alabama and possibly in Utah. This means that the downward curve has been reversed for the first time in almost fifty years, an encouraging sign.

The number of dental graduates (16) has followed much the same pattern. From 2,304 in 1901 the number of dental students reached a peak in 1919 when there were 3,587. This figure declined to a low point of 1,561 in 1930 and then rose to 1,757 in 1940. The war, through the accelerated program again brought a rise to 2,470 in 1944. It is anticipated that the average number of graduates for the next ten years will be around 2,500 each year.

Dental schools this fall will enroll the greatest freshman classes in their history. Exact figures are not yet available, but the capacity of all dental schools is about 3,000 freshmen and it is expected that this figure will be approached. How long this rush to dental education will continue, no one can predict accurately but it is fair to assume that it will persist for the next few years. For those who are interested in a further study of the population of the dental schools, the Council on Dental Education of the American Dental Association annually publishes a "Dental Students' Register" with a host of statistics. This is available on request. There is also available a study on the distribution of dentists in the United States. This was prepared by the Committee on Economics and gives the exact number of dentists in every county of the country.

The outlook for an increase in the number of dental hygienists is also promising for the not too distant future. Efforts are being made to attract greater numbers of candidates to this attractive livelihood and it is likely that a greater number of schools will teach courses in this subject.

6. Dental Efficiency.—If we can not immediately multiply the number of dentists, it is still possible to produce more dental service by various means. This can be done by (1) the utilization to a maximum degree of accessory dental personnel such as the assistant and dental hygienist and (2) by increasing the efficiency of the dentist through the use of adequate equipment.

Some interesting information is coming to light in these two fields.

The U. S. Public Health Service, in conjunction with the state and local dental societies, the school system and city council of Woonsocket, Rhode Island, is carrying on an experiment to provide complete dental care for all school children (7,000) with six dentists using trained dental assistants, dental hygienists and employing the best possible types of dental equipment. Results of this study are not yet available but there is information to show: (1) that a dentist can increase his output by using the latest type of dental equipment and (2) by using additional pairs of hands while operating at the chair. Informal figures indicate that dental output might be increased by more than fifty per cent. Further studies in this field are indicated and the dental trades should have a lively interest in the outcome.

Klein (17), who has made a fine study in this field, shows that only 4 per cent of dentists employ dental hygienists; that more than one-half of the dentists employ one or more dental assistants; that 60 per cent of the dentists use only one chair; that 33 per cent used two chairs and that less than 5 percent used three chairs. Klein observes that:

"It is clear that a significant increase in the aggregate or total patient-load capacity of all the available civilian dentists would be realized immediately if each dentist who now uses only one chair were to secure an additional one and if those who work alone were each to employ a dental assistant."

He also shows that:

"When the one-chair dentist working alone is taken as a base, the weekly patient load of the two-chair dentist without an assistant is approximately 25 per cent more, that carried by the one-chair dentist with an assistant is 33 per cent more and that

of the two-chair dentist with an assistant is 63 per cent higher, while the weekly capacity of the three-chair dentist with an assistant is 75 per cent over the base." These figures are too important to be shrugged off if the increased production of dental services is one of the solutions to be sought in this great problem of dental health. The dental trades have a very great influence in the sphere of convincing the dentist of the added efficiency that comes with additional, modern dental equipment.

VI. THE A.D.T.A. AND THE A.D.A.

There we have the background for action: the size of the problem in terms of dental needs and costs; the alternatives to be selected in solving the problem; the legislative proposals; the advances to be expected from dental research and dental health education; the present status of dental personnel, the prospect for dental students and the greater amount of dental service to be secured by the use of accessory dental personnel and modern dental equipment.

What is to be done about all of these things?

First, all of these facts must be coordinated into a continuing, effective program supported by every resource of the city, state and nation. This program must be designed out of the best professional, dental knowledge and this includes not only the knowledge of the dentist about teeth but also the knowledge of the industrial craftsmen who make the tools and materials that dentists use.

Second, there must be a greater degree of cooperation between all of the elements that go to make sound dental practice. The dentists, the members of the dental trades, the dental hygienists, the dental assistants and the dental technicians all have a stake in this problem. That stake is not only an expansion of the field of each but also in the provision of more dental health services to more people. The American Dental Association is aware of a need for closer cooperation. Not enough has been done in the past to make each of these groups aware of the other's problems. Some time ago my attention was called to the crisis in the industrial use of silver by a member of this group. Your position has been soundly supported by an editorial which will appear in the July issue of the Journal of the American Dental Association. The Committee On Legislation has called the attention of Congress to this crisis and has made every effort to secure an equitable solution. More of this kind of productive cooperation is needed. It never will be if we remain separate groups with separate problems. None of us look too far to find the link between us which will be found in the common job of providing more health care for more of the American people.

The fortunes of dentists are inextricably woven with those of every other group in dentistry.

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THE DENTAL ASSISTANT

by

Walter H. Scherer, D. D. S.

(President American Dental Association)

Health services for mankind have developed through necessity. In the beginning, man's ignorance of the body caused him to develop many superstitious beliefs. Very early man became aware of disease. Pain is a normal reaction to an abnormal condition, and has always been the strongest motivating force toward the discovery of way and means to prevent it. Since pain is so closely related to disease, it has exerted a strong influence in the discovery of disease causes. The instinctive desire to live, coupled with the desire to live happily, has caused man to exert a large portion of his time to the study of those things which will make him happy. This is a significant fact, one of the most important facts in the practice of any of the health service professions.

As the phenomena of disease has slowly come into the realm of science, man's superstitious regard for it has been overcome gradually. It seems only yesterday that Pliny made the statement, "If one would avoid tooth pain, one should eat a whole mouse every day." While this belief seems crude to us now, it was only thirty years ago that the belief prevailed that a sack of asafetida tied about the neck would prevent smallpox. We recognize that we are only on the threshold of the discovery of longer life for man, even though we have lengthened life's span to a high degree within the past few years.

Very early the priest-physician could care for all of the wants of a large number of people. As one person he could administer to a large flock all of the health services which were known to man. How amazed this priest-physician would be if he could have the opportunity to walk into the midst of a large health center now and see the number of people who are engaged in caring for the health of a few people. He would be amazed to find that it takes so many people to care for the diseases that occur in the mouth only, or the diseases that occur only in the eye, or other parts of the body where we have designated specialists to serve us. He would recognize that this is necessary because of the large volume of knowledge that is required for one to understand each individual part of the body, and to develop the art and skills necessary to care for them properly. Out of a tribal past man has emerged slowly into a social being. He recognizes now that his existence depends solely upon his behavior toward his fellow man.

Dentistry, like medicine, like law, and like other services to man, is a branch of this social order. It is a part of society. As a part of society, dentistry is responsible to the whole of society. One must keep in mind that none of the branches of society can neglect any part of their obligation to the whole without being detrimental to themselves and to society.

The dental assistant is a part of society, since she plays such an important part in the practice of dentistry. The dentist's responsibilities are her responsibilities. The dentist's obligation to society are her obligations to society. The dental assistant is more than an office clerk, she occupies a professional position and, therefore, must assume this responsibility with the same degree of seriousness as other persons who are responsible to society.

Your technical responsibilities in the dental office you know better than I. Your duties insofar as office routine and chairside practice are concerned are problems that you work with every day. It is these problems, I fear, that has kept the dentist, the physician and I am afraid has kept you, from recognizing your full responsibility to the whole of society. It is this responsibility to the whole of society that I wish to discuss.

The dental health program for the whole of society presents two problems. First, I shall discuss the general problem. The real core of the dental problem is the marked disparity that exists between mouth health needs and mouth service. While you are being overwhelmed now with patients who wish mouth health services, and while you recognize fully the critical shortage of dentists who are available to care for patients, this is but a minor part of the whole mouth health need, since there are so few people who present themselves to dental offices for treatment. The dentist as a medical scientist has developed two methods to cope with the universally prevalent mouth disease—tooth caries or tooth decay; first, by material restorations of those teeth that are amenable to treatment, such as welded gold fillings, inlay restorations, or amalgam restorations, and so forth; and second, by surgical removal of the diseased teeth. Restorations have served well, yet this is a very slow method of controlling the problem of tooth decay. As you well know, the extraction of a tooth calls for restorative procedures that are much more complicated than the restoration of a single tooth by a filling. Keep in

mind that these services must be rendered by the skilled dental surgeon. They can be rendered only by one who is well versed in the fundamental sciences of the body, which underlie the technical sciences that have to do with the restorative materials. He must also be skilled in surgery and operative procedures.

Evidence from any number of sources show that only two hundred sixty-nine out of one thousand people visit a dentist. It shows further that there is a time lapse of approximately two and one-half years between each visit of these patients. This is an example of the extensive need for mouth health service. One study which has been made recently in the armed service revealed that of several thousand young men, nine out of ten needed tooth replacement with some type of partial dentures. This situation is an indication of neglect of preventive methods earlier in life. This is the general problem. The school problem is a major one. What of children? How well are we coping with the prevention of the diseases of the mouth in sufficient time to prevent these time consuming tooth replacement operations? What does the curve of mouth disease throughout life look like? The need for dental treatment, continues to rise rapidly up to the age of thirty-five, then the curve flattens out and increases slowly as long as teeth are present. In other words, the average child begins school with six diseased deciduous teeth. At the age of fourteen he has had four permanent teeth diseased; when he is eighteen years old he has had nine; at twenty-five years of age, he has had eighteen; at thirty-five years of age, he has had twenty; and at sixty-five he has over twenty-four teeth affected. In other words, the average annual increment of new defects, or new lesions, is 1.32.

Back in 1936, the Public Health Service made a study of one and one-half million children, and they determined at that time that between seventy-five and ninety per cent of the children needed some type of immediate dental treatment. The survey showed also a high degree of need for general health treatment. In comparing diseases of the soft tissue with diseases of the teeth, such as dental caries, there was no correlation. In other words, seventy-five per cent of the children had dental caries, and approximately nine per cent of the same group had diseases of the soft tissues, such as Vincent's disease and so forth.

In Texas, an eight year study of school children revealed that eighty-five per cent to ninety-five per cent of Texas children suffer from dental diseases. There was an average of five cavities in each child's teeth. Unsightly facial deformities by malocclusion of teeth were found in approximately eight per cent of the children. Jaw deformities that interfere with the health of the mouth were found in approximately thirty per cent of the children. In Texas there were 1,100,000 children between the ages of six and fourteen that needed dental treatment.

Now, what of the problem of old age in dentistry? By the geriatric problem we mean the problem of old age. We have overlooked these problems entirely in both medicine and dentistry. We must keep in mind that there is a definite change in the population brought about by our increase in knowledge concerning disease. As I stated earlier, our problems have been materially with the increase in the life span. People are now dying of diseases different from those that killed them before we understood the cause of disease. Since 1820 we have had a decline in the birth rate; we have also had a decline in the mortality rate. When dentistry started in 1839, the median age of the population of the United States was 17.8 years. Life expectancy was about forty-one years. The proportion of people over sixty-five years old was quite small. By 1945, the median age of the population had increased to 29.0. In other words, there has been a total increase of 11.2 years in the last century, while the population has increased 7.2%. Now the number of persons over sixty-five has increased thirty-five per cent, five times the general increase. This has caused a marked increase in the need for medical and dental services. There are more degenerative diseases: cancer, heart disease, diabetes, Bright's disease, and other conditions of this nature. You must keep in mind that approximately five per cent of the people who die of cancer, die of cancer of the mouth and lips. There is more periodontal disease. The medical and dental treatment for the people today is quite different from what it was seventy-five or one hundred years ago. Now we must maintain mouth health for patients twenty-two years longer than we did in 1840.

Up to 1941 we presumed complacently that the dental personnel was adequate. It has been only within the past thirty years that the health implications of dentistry have been considered. Now that all groups in society recognize the significance of mouth health treatment, it can be expected more and more that they shall seek services for diseases of the mouth. One should keep in mind constantly that tooth caries is a significant disease. It is a degenerative disease of a type similar to other degenerative diseases in the body. There has been considerable growth of knowledge in dentistry during the past hundred years, important advances in surgery, orthodontics, and in restorative dentistry. There is new knowledge now in chemotherapy and antibiotics. There is considerable more knowledge now in growth and development of the individual. War upsets us. First, it pushes us backward in our social

outlook by the annihilation of millions of people, and destruction of untold amounts of physical property, with the attending physical and moral degeneration of those who suffer from the ravages of the aftermath of war. Second, it pushes us forward by an unnatural and abundant increase in scientific knowledge. Both of these abnormal conditions upset the orderly procedure of life. The war, which has just ended, has quickened the consciousness of millions of Americans toward the need for mouth health service. Also, the newer discoveries that were discovered and used by the military forces must be put into civilian practice. There also will be the problem of providing service for the young men who have learned mouth health service for the first time while in military service and who will wish to keep their mouths in a state of health.

There is no way to determine adequately the dentist population for the United States. In 1940 there was approximately one dentist to 1,870 people. If we were to maintain this ratio, it is estimated that by 1950 there will develop in the United States a shortage of about five thousand dentists. This will leave a large unsatisfied demand for dental services. This problem is an alarming one. It is one for which we must find a solution quickly if we wish to maintain an adequate mouth health service for the people. In 1920 only twenty-eight per cent of the dentists were over forty-five years old. This meant that these dentists had a long practice period before them. In 1930 this percentage had increased to 36.5%; by 1940 it had risen to 45.8%, and this rise will continue in the future because of the inevitable decrease of graduates in 1948, 1949, and 1950 caused by the war. This overworking of dentists and the crowding of office time will have a serious effect on the efficiency of the dentist. We must provide more auxiliary services, so that the dentist may utilize these services to prolong his period of aggressive usefulness to the public. This is the responsibility of the dental assistant.

You have heard considerable discussion recently concerning state medicine. When we speak of State medicine, we must include State dentistry, since they will go hand in hand. We must not be misled by statements that are made by individuals both in and out of the profession who are not well-informed. State medicine or dentistry should be considered a service which is rendered by paid employees of either federal government, state government, or local government, city, or county. The well-informed persons in the health services recognize that a need for State medicine exists. It is well that we acknowledge early that a large group of our population will need services rendered for them by the State, just as we are rendering State services now in State hospitals for the tuberculosis patient, the blind patient, and in the county-city hospitals for the acutely ill or chronically diseased patients. Such cases as these are cases for public care. As the life expectancy period increases, there will be more and more chronically diseased patients. There will be a greater need for state medicine for the indigent patient. Recognizing early that there is this need for state medicine or dentistry, the professions can take charge of it immediately. State dentistry or medicine; that is, services that are to be formed and paid for by government must be under the control of the professions. This is for the public good, since the professions are the only groups in the society who can plan state programs intelligently. I do not believe that the medical or dental profession would presume to plan a state law program or a state clothing program or a state housing program, even though probably they would have a higher degree of intelligence in planning these programs, than others would have in trying to plan a state medical program. This is the principal fault that both the dental and medical professions find with the Murray-Wagner-Dingel bill. It has not been planned by well-informed people in the medical sciences. The bill, therefore, must be defeated. This does not mean that the dental profession has not looked forward to a proper type of state health program. Three bills are pending now in Congress which have been introduced by the American Dental Association to bring about a better standard of dental health for the people of these United States. A forward progressive type of legislation is needed and not one which subjugates the people to the will of a group of bureaucrats. It is time that the various branches of society take over their responsibilities as democratic organizations in seeing to it that democracy functions as it was planned, and not by the means of minority pressure groups.

Your responsibility is to become better informed in those problems that are of social significance. These problems are your problems. By a better understanding of them, you can assist your dentist in understanding them better and in adopting a better program in relation to the community than that which he follows now. It is unfortunate indeed that in the past two decades physicians and dentists have developed an indifferent social attitude. They seem to have no community interest. There are but few dentists or physicians who will sacrifice time to become a member of legislature, to serve as a mayor, to serve on the city council, to become a member of Congress, or run for the governorship of a state. Dentists, as citizens, should recognize that some of them who can must make sacrifices for the good of the profession.

Continued on page 160)

NOW IT IS TOMORROW!

By Mary Frances Joiner
(President Georgia Dental Assistants Association)

Madam Chairman, Members of the Georgia Dental Assistants' Association, Honored Guests and Friends:

Since last we met together, Today has become Yesterday, and now it is TOMORROW!

The story is told of a little boy who was on a train. Suddenly and unexpectedly he was whisked into a long, dark tunnel. When the train emerged from the darkness, the sun was shining, and the youngster exclaimed, "Mother, it is tomorrow!"

For the last few years we have been in a long, dark tunnel; lights have been out all over the world; clouds have hung like a "dark ceiling". Then came V-J Day. August the fourteenth was a rainy day in Macon, Georgia, but simultaneously with the announcement of the cessation of the most tragic conflict in the history of mankind, there appeared in the Eastern part of the firmament, one of the most gloriously beautiful rainbows—"Bright pledge of peace and sunshine". As we looked, and as we listened, we heard a still small voice say, "It is Tomorrow!" "Tomorrow is, — Ah whose?" Dental Assistants? - - Why not?

Since the future belongs to those who prepare for it, Dentists are going to occupy an even more important place in this Tomorrow than they did in the Yesterday, and I know too, that the Dental Assistants have become as much a part of the Dental Profession as a mortgage is a part of the average home. Why? —because we have prepared ourselves for this place.

Someone has said that perhaps the most characteristic American philosophy that was ever uttered came from the lips of an American

negro, Dr. George Washington Carver. "I have stumbled," said he, "on a new philosophy of life, which has transformed me. Take what you have and make something out of it." Isn't that just what our beloved founder, Juliette A. Southard did? Twenty-six years ago a woman's place in a dental office was far, far removed from the fascinating, soul-satisfying job that it OFTEN is today. Both sides of the job then were SEAMY!—but Mrs. Southard took what she had and made something out of it to the extent that she has made a contribution that has eternal significance for her and for others. For others—should I not have said for US? Yes, for we hold in our hands in this Tomorrow, a sublime trust and the question that we must answer is: "What are we going to do about it?" Paraphrasing some lines of Dr. Henry Ward Beecher, we would answer in this wise: "We should so live and labor in this vocation of ours that what came to us as a seed may go to the next generation of Dental Assistants as blossoms, and that which came to us as a blossom, may go to them as fruit.

This is PROGRESS—our theme, by the way, for the year 1946.

"PROGRESS"—I quote, "is the Law of Life." It always begins with the minority. In our vocation, it began with the individual Mrs. Southard. As I said, it begins with the minority, moving on to the state of completion by persuading or convincing enough of the minority to form a majority. We have come a long way in these past Yesterdays. Certainly, we will not be the generation to sit down at 1-9-4-6 on the highway of Life and say, "We stop

here." Instead—we, in the dawn of this Tomorrow, will begin making fresh plans for perpetual progress.

Modern invention has banned the spinning wheel, thereby making the modern woman a different woman from her grandmother—even, shall I say it, from her mother. I think so, for progress is just that rapid and pronounced—so we, as Dental Assistants, will take what we have and show forth again the truth, that the Soul of perseverance cannot be beaten. As someone has said, "Imprison it, and you get Pilgrim's Progress"; blind it, and you get Paradise Lost; deafen it, and you get a wizard in electricity; put it into a log cabin, and it will work its way to the White House; commit it to the frozen seas of the Arctic regions, and it finds the North Pole; return its poems three score and ten times and you get a poet for the Nation's homes. Examples of perseverance proves another truth and that is, "Great achievement does not come overnight." We, as Dental Assistants, have come a long way—yes—we have also come this way "the hard way." In all probability there are yet hard tasks ahead. Of these though we will plan in the beginning NOT to be afraid—but to accept them as tasks that will awaken in us a new strength, a new skill, a new confidence and a new courage.

Just here a story comes to my mind of a very small boy, who did not know how to skate, but was among a group who already knew the art. The small boy's frequent mishaps awakened the pity of a tender-hearted, if not too wise spectator. "Sonny, you are getting all bumped up," she said. "I wouldn't stay on the ice and keep falling down so; I'd just come off and watch the others." The tears of the last downfall were still rolling over the rosy cheeks, but the child looked from his advisor to the shining steel

on his feet, and answered half-indignantly, "I didn't get these new skates to give up with—I got them to learn with." What a high resolve would be ours as we plan for this perpetual progress in our organization, if we would use for our slogan those last words of this small boy—substituting job for skates—"I got my job to learn with!"

I think Mrs. Southard had that in mind twenty-six years ago when under her guidance our group selected as our chief aims, Education, Loyalty, Efficiency and Service. She illustrated too, I think, in the pith of one of Rebecca McCann's couplets—on which we would do well to "copy her":

"Although old age is creeping on
To all its troubles I am resigned
My joints may stiffen but I'll not
Have rheumatism of the mind."

W. J. Ennenver says, "To get into ruts is the easiest thing in the world with most people; to get out of them the most difficult." Are you asking, why bring that in? -- Because we are thinking on Progress! And, the prime requisite for Progress is Books! There are books (not so many, I'll grant you, our Vocation is too new), but there are some that relate directly to our job. These, all of them, we ought to "borrow—if we are broke," and some of them we ought to buy, even though we are not "bogged down with cash." The basic factor for Loyalty, Efficiency and Service, is Education, and this in a large measure will only come from the reading and study of certain books.

So, for perpetual progress as an organization, it behooves us to plan a program for PERSONAL Progress. To keep physically fit, we have to obey the laws of health. So to keep mentally fit, we have to obey the laws of the mind; hence the idea is to be in training all the time.

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the dental assistant

Vol. 15

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No. 9-10

A JOURNAL FOR DENTAL ASSISTANTS DEVOTED TO THEIR
INTERESTS AND EDUCATION

Bi-Monthly publication of the A.D.A.A. Journal for Dental Assistants Devoted to their Education and Interests and to the Efficient Conduct of Dental Offices. Publication of all statements, opinions, or data, is not to be considered as an endorsement of same by journal or its publishers.

EDITORIAL DEPARTMENT

MIAMI WELCOMES YOU

To all members and delegates to the Twenty-second annual meeting of the American Dental Assistants Association, Miami extends a sincere welcome.

We are indeed happy that this meeting is to be held in the beautiful city of Miami Beach and all the girls here join with me in extending to every member of the American Dental Assistants Association an invitation to spend the week of October 14-16, in business, fun, inspiration, and a real reunion with friends.

MAVIS BITTER, President
Miami District Dental Assistants Association,
167 N. W. 48th Street, Miami, Florida.

MIAMI BEACH "BIDS YOU WELCOME!"

It is my great pleasure, as chairman of Convention Arrangements Committee, to extend to all officers, delegates, alternates, and members of the ADAA a most cordial welcome to Florida and Miami Beach for the first post-war convention of the American Dental Assistants Association.

If this is your first visit to America's favorite resort and convention city, I am confident it will be the first of many. For those who have been here before, it won't be necessary to extol the natural and man-made wonders of our city. But for you who are coming here for the first time, it might be appropriate to tell you something about your convention city. Miami Beach, although only 31 years old, is one of the fastest growing cities in the country and today has one-fourth of all the hotel space in the entire state of Florida.

You will find any number of attractions to amuse and entertain you during off-business hours. In addition to the program planned by your committee, you will find it pleasant to take a dip in the ocean, or stroll along Collins Avenue, studded with handsome hotels. If you care to take an advance peek at next year's styles, you can traverse the length of Lincoln Road, the "Fifth Avenue of the South," where the nation's most famous shops are represented.

In the evening you will find an abundance of theaters, restaurants and night clubs where excellent meals are served and first class entertainment offered at moderate summer prices.

The Roney-Plaza Hotel, one of the nation's outstanding resort hotels, has been selected as headquarters by your officers and I am sure you will find every facility available for one of the outstanding conventions in the history of your organization. For your convenience has offered a special convention rate of \$10 per day single or double.

The Surfside Hotel, immediately adjoining the Roney-Plaza Gardens, has also been selected to handle any overflow from the headquarters hotel inasmuch as it is anticipated that your attendance will overtax the allotment of rooms the headquarters hotel can comit. The Surfside Hotel has offered a convention rate of \$5 single and \$7 double.

"Come down and get sand in your shoes"—it's an experience you will never forget. I am sure you will enjoy your visit to Miami Beach. So prepare yourselves to combine a successful convention and satisfying vacation. Don't forget the dates, October 14th, 15th, and 16th, 1946.

GRACE ROBINSON, Chairman,
Convention Arrangements Committee,
1002 Huntington Building,
Miami 32, Florida.

MORE ABOUT YOUR CONVENTION CITY

Delegates to the Miami Beach convention of the American Association of Dental Assistants, October 14-19, will find the environment of the seaside resort city conducive to both successful business meetings and hours of pleasant recreation.

Miami Beach is one of the most beautiful and modern cities in the country. Majority of the resort's 331 hotels and 998 apartment buildings were built in the 10 years preceding the war. With an eye to the future even then, Miami Beach engineers constructd buildings which today still are looked upon as architecture of the future.

The first thing a visitor notices in Miami Beach is the exceptional cleanliness of the town. Most buildings are white or flamingo pink and flash in the bright sunshine. Streets are lined with palm trees and shops display their merchandise in wide, glistening window fronts.

October is a pleasant month in Miami Beach. Average temperature for the month, taken from records kept for the past 48 years, is 77.7 degrees, with a cool, steady 9.8 mile an hour breeze blowing in from the ocean.

Miami Beach recreation facilities are among the best of the world. The city owns two, sporty 18-hole golf courses which welcome experienced golfers and duffers alike, and operates the 33-acre Flamingo Park recreation center where facilities for almost any sport are available.

For the dental assistants who like their daily exercise, Flamingo Park is just the place. Tennis, handball, volleyball, ping-pong, softball, archery, basketball and many other games can be played at the sprawling, palm-fringed park.

And for the dental assistants who feel they have had a hard year in the office, there is the invitation to leisurely relaxation in the shade of a coconut tree.

Sun, sand and surf are Miami Beach's three stellar attractions, but possibly the most popular drawing-card among a group of women such

as the Association of Dental Assistants will be fashionable Lincoln Road, one of the swankiest shopping centers in the country.

Delegates to the convention should bring clothing light in weight and color. There is no need for formal clothes unless a formal convention banquet is planned.

But however the individual delegates wish to spend their time, swimming in the surf, or sunbathing, exercising at Flamingo Park, relaxing, or shopping on Lincoln Road, the city of Miami Beach cordially welcomes the American Association of Dental Assistants with the assurance that the 1946 convention will be the most successful in the history of the association.

1946 ADAA MEETING

Program Outline

Sat.	6:00 P. M.	Board of Trustees Dinner, followed by Board Meeting.
Sun.	9:30 A. M.	Board of Trustees Meeting with Journal Staff and Past Presidents' Council.
Sun.	2:00 P. M.	Social—Florida DAA as hostesses.
Sun.	Evening	Board Meeting if necessary.
Mon.	9:00 A. M.	General Meeting.
Mon.	2:00 P. M.	1st House of Delegates.
Tues.	8:30 A. M.	Certification Plan Conference—Katie McConnell, Chairman.
Tues.	10:30 A. M.	Clinics
Tues.	2:00 P. M.	2nd House of Delegates Meeting.
Tues.	6:00 P. M.	Reception and Dinner Honoring President Black.
Wed.	8:30 A. M.	3rd House of Delegates (Election).
Wed.	2:00 P. M.	4th House of Delegates (Installation).

"Miami, The Land of Sunshine," and a grand place to work and play during the week of October 13th, extends to every member of the ADAA a cordial welcome.

The autumn days in Miami are warm and sunny, but at night the breeze tends to make the nights chilly, so bring your formals for after work play time with your lightweight coats, suits, and bathing suit.

This is the chance you've waited for, a real trip to Havana, Cuba that can add three or five days to your vacation. Does that sound interesting? Think it over.

Hotel and travel reservations should be made early. Don't put it off. "Now" is the time.

For further information consult your local travel agent or transportation committee, Vallie Stewart, chairman.

SUGGESTIONS ABOUT TRAINS AND TIMES OF LEAVING

Boston and East—Lv. Boston Oct. 10—8:00 A. M. N. H. & H.

Denver and West—Lv. Denver Oct. 9—8:45 P. M. UPC & St. Louis.

Seattle and Northwest—Lv. Seattle Oct. 7—9:15 P. M. Rock Island.

Los Angeles and West Coast—Lv. Los Angeles Oct. 8—12:30 P. M. Sunset Limited.

Houston, Texas—Lv. Houston Oct. 10—7:45 A. M. Sunset Limited—Join California Delegates.

Chicago and Central—Lv. Chicago Oct. 10—8:00 A. M. South Wind—Pennsylvania.

Sincerely yours,
VALLIE STEWART,
Transportation Chairman.

WORK - PLAY - VACATION—Bring Sport Clothes, Light Weight Coat, Suits, Evening Clothes, Bathing Suits.

FOOD— FORMAL— FUN

The annual banquet of the American Dental Assistants Association will be held Tuesday evening, October 15th at 7 P. M. in the spacious and beautiful Imperial Room of the Roney-Plaza Hotel, Miami Beach, Florida.

This will be a formal affair with bright lights, music, entertainment and a gala time for all under tropical surroundings.

Evelyn L. Agey,
Chairman of Banquet and
Entertainment Committee.

JULIETTE A. SOUTHARD BIRTHDAY PARTY

Don't forget the **JULIETTE SOUTHARD BIRTHDAY PARTY FUND**. Send your contributions to Mrs. Lillian Russett, 503 1st National Bank Bldg., Davenport, Iowa before October 5, 1946 so a complete report can be made at the National meeting in Miami Beach. All societies contributing \$10.00 or more will be put on the honor roll. Independent members of the A.D.A.A. please send your offering directly to Mrs. Lillian Russett. Every dollar counts and will be welcome and appreciated and will help enlarge this fund which is for such a really worthwhile purpose.

We are happy to announce that in the two years since this fund has been available no dental assistant has needed to apply for aid, but we know too, that the day will come when some one of us will need help.

Please work hard on your Juliette Southard Birthday Party, carnival, silver tea, movie, book review or whatever you have planned or if you are too busy just arrange for a contribution of 50c from each of your members. Think what a wonderful effect that would have on our Juliette Southard Relief Fund.

MELVA RUSSLER, Chairman
J. A. S. Birthday Party Committee,
928 Arcade Bldg.
St. Louis, Mo.

IN THIS ISSUE

Papers by two distinguished members of the American Dental Association are offered in this issue of the Journal.

"Background for Action" by Dr. Harold Hillenbrand, Editor of the American Dental Journal, presents the problems that Dentistry is facing.

"The Dental Assistant" by Dr. Walter Scherer, President of the American Dental Association tells of the Dental Assistants' role and responsibility. We recommend a careful reading of both articles.—S. L.



Secretary's Corner

By AILEEN M. FERGUSON, General Secretary,
709 Centre Street, Jamaica Plain 30, Mass.



HONOR ROLL

Alabama D. A. Assn.
Northern California D. A. Assn.
Southern California D. A. Assn.
Connecticut D. A. Assn.
Denver D. A. Assn.
Pueblo D. A. Assn.
Georgia D. A. Assn.
Illinois State D. A. Assn.
Indiana State A. D. A.
Kansas State D. A. Assn.
Louisville District D. A. Assn.
Louisiana State D. A. Assn.
Massachusetts D. A. Assn.
Detroit D. A. Soc.
Minnesota D. H. & A. Assn.
Missouri State D. A. Assn.

HONOR ROLL

Nebraska D. A. Assn.
New Jersey State D. A. Assn.
D. A. Assn. State of New York
North Dakota State D. A. Assn.
Ohio State D. A. Assn.
Oregon State D. A. Assn.
Lehigh Valley D. A. Assn.
Philadelphia A. D. A.
Rhode Island D. A. Soc.
South Carolina State D. A. Assn.
South Dakota D. A. Assn.
Texas State D. A. Assn.
Richmond D. A. Assn.
Washington State D. A. Assn.
Kanawha Valley D. A. Assn.
Wisconsin State D. A. Assn.

The Official Program for the 1946 meeting to be held at Miami Beach, Fla., October 14-16, will be sent to the Presidents and Secretaries of all state associations and to the Secretaries of the local societies. The 1946 Directory of State and Local Officers will be sent to all Secretaries.

Delegates and alternates attending the Miami Beach meeting will receive their credential cards from their state secretaries.

ADAA 1946 memberships received before September 1 will be counted in the tabulation for the total membership increase awards to be made at the annual meeting, so if you have received any dues during the summer months for 1946 memberships please forward them before the Membership figures close.

NEW SOCIETIES

CONNECTICUT STATE D. A. A.—President, Anna McCabe, 750 Main St., Hartford; Secretary, Mae A. Lavery, 750 Main St., Hartford.

SOUTHEASTERN DISTRICT D. A. A. (Mass.)—President, Mary Kane, Marion Rd., Mattapoisett; Secretary, Pauline Hebert, 56 No. Main St., Fall River.

NEW HAMPSHIRE D. A. A.—President, Ethel McDonnell, 40 No. Main St., Concord; Secretary, Dorrisica Caswell, 780 Elm St., Manchester.

Best wishes to the officers and members of these new associations in the First District.

CHANGES OF OFFICERS

NORTHERN CALIFORNIA D. A. A.—President, Eva Purcell, 830 Hyde St., San Francisco; Secretary, Virginia Newell, 626 Wakefield Bldg., Oakland.

SANTA CLARA D. A. A. (N. Calif.)—President, Lorraine Verner, Twohy Bldg., San Jose; Lorraine Leatham, 612 S. 10th St., San Jose.

DENVER D. A. A. (Colo.)—President, Alice Higgins, 500 Denver Theatre Bldg., Denver; Secretary, Isabelle Wilson, 904 Republic Bldg., Denver.

GEORGIA D. A. A.—President, Virginia Ingraham, 923 Fulton County Court House, Atlanta; Secretary, Charlotte White, 731 Candler Bldg., Atlanta.

IOWA STATE D. A. A.—Secretary, Genevieve Neal, 511 Frances Bldg., Sioux City.

DES MOINES D. A. A. (Ia.)—President, Mary Miller, 707 Equitable Bldg., Des Moines; Secretary, Elsa Kjellberg, 2105 Cottage Grove, Des Moines.

SOUTHEAST DISTRICT D. A. A. (Ia.)—President, Louise Burnaugh, Ottumwa; Secretary, Betty Wieman, Burlington.

SOUTHWEST DISTRICT D. A. A. (Ia.)—President, Evelyn Selser, 311a Reed St., Red Oak; Secretary, Hilda Brigh, Shenandoah.

MAINE D. A. A.—President, Ruth Leonard, 19 Deering St., Portland; Secretary, Marjorie Greene, 11 Deering St., Portland.

NORTH SHORE DISTRICT D. A. A. (Mass.)—President, Imelda McGrath, 7 Central Sq., Lynn.

MISSOURI STATE D. A. A.—Secretary, Delma Hopkins, 701 Commercial National Bank Bldg., Kansas City, Kansas.

ST. LOUIS D. A. SOC. (Mo.)—President, Ann Dvorak, Paul Brown Bldg., St. Louis; Secretary, Thelma Rixman, 8321 No. Broadway, St. Louis.

NEW JERSEY STATE D. A. A.—President, Margaret S. Hill, 137 Branchport Ave., Long Branch; Secretary, Florence Smith, 333 Avenue C, Bayonne.

D. A. ASSN. STATE OF NEW YORK—President, Fanny Cohen, 1 Hanson Pl., Brooklyn; Secretary, Robina McMurdo, 64-16 183rd St., Flushing, L. I.

NORTH DAKOTA STATE D. A. A.—President, Leila Bardsley, 405 Broadway, Bismarck; Secretary, Frankie Talleckson, Grafton.

AKRON D. A. A. (Ohio)—President, Kathryn Houser, 371 S. Abington St., Akron; Secretary, Mary Elliott, 804 Akron Savings & Loan Bldg., Akron.

COLUMBUS D. A. A. (Ohio)—President, Martha Tudor, 26 W. Oakland Ave., Columbus; Secretary, Ruth McMillan, 67 Oakland Ave., Columbus.

TOLEDO D. A. SOC. (Ohio)—President, Virginia Cook, 619 Edison Bldg., Toledo; Secretary, Kathleen Gross, 625½ Adams St., Toledo.

OREGON D. A. A.—President, Jane Hannon, 815 Morgan Bldg., Portland; Secretary, 815 Morgan Bldg., Portland.

LEHIGH VALLEY D. A. A. (Pa.)—President, Dorothy Eckert, 1560 Linden St., Bethlehem; Secretary, Dorothy S. Kendall, 631 Centre St., Bethlehem.

RHODE ISLAND D. A. A.—President, Edith Sweet, 208 River Ave., Providence; Secretary, Norma Forant, 255 Main St., Pawtucket.

SOUTH CAROLINA STATE D. A. A.—President, Lill Teasley, Montgomery Bldg., Spartanburg; Secretary, Jamie Moorer, 81½ Wentworth St., Charleston.

SOUTH DAKOTA D. A. A.—President, Thelma Siegenthaler, 804 Frank Ave., S. E., Huron; Secretary, Mayme Nelson, 706 Nat'l Bank of S. Dakota, Sioux Falls.

SIOUX FALLS STUDY CLUB (S. DAK.)—President, Bernice Sadler, 1711 S. 9th Ave., Sioux Falls; Secretary, Eldoris Pearson, 1103 S. Walts Ave., Sioux Falls.

TENNESSEE STATE D. A. A.—President, Mary O'Connor, Doctors Bldg., Nashville; Secretary, Marina Lee, 1240 Commerce Title Bldg., Memphis, Tenn.

VIEW'S OF THE NEWS

(A Digest of Association Activities)

by

Katie McConnell

September, "Indian Summer", summer vacations over for local societies, plans for fall and winter meetings going strong, increases in membership, educational projects under way, and of course the plans for the Twenty-second House of Delegates Meeting has us all full of energy (?) and enthusiasm. There will be much business to discuss and decide upon by the House of Delegates, issues important to all of us. The Officers of your Association have toiled unceasingly for the Progress of the ADAA. The war years brought harder work than ever before, the fact that we could not have our regular annual meetings meant extra work for the Board of Trustees, much more correspondence for the General Secretary, and these Officers and Committee Chairmen are Dental Assistants, just like you, with all the same long hours, trials and tribulations, so let's give them a big pat on the back for a job well done!

September too, brings us the opportunity to celebrate the birthday anniversary of our beloved Juliette. Don't forget her birthday, September 25th. Call on the Birthday Committee to help your Society with plans. Let's make this a big year for the Juliette A. Southard Relief Fund!

The Cleveland Dental Assistants Society recently participated in the Annual Spring Clinic Meet of the Cleveland Dental Society. They gave four very worthwhile Clinics at this meeting, and were highly commended by the dentists. The Clinics were, "Sterilization", "Copper Models for Inlays and Crowns", "Collections" and "The Dentist's Library". Congratulations, Mabel Hull, for winning the Clinic Trophy for the second consecutive year, with the clinic "Copper Models for Inlays and Crowns."

The Cleveland Dental Assistants, in cooperation with the Cleveland Dental Society and the Cleveland Board of Education have worked out a plan for co-operative training of Dental Assistants, the courses to start in September. This course is to be a full school term, nine months, and training will be given in both Theory and Practice. The facilities of the Jane Addams Vocational High School, the City of Cleveland Dental Clinics for Indigent Children, supplemented by practical experience in private dental offices will serve in supplying the necessary instructions. Selected High School seniors will be eligible for the course. We shall follow the progress of this fine project with much interest. We commend you, Cleveland, for this excellent work.

The Cincinnati Dental Assistants Association has been having a bit of fun along with all their fine work. At their annual "Dentist-Dental Assistant" Get-together Banquet, a large attendance enjoyed having the Mayor of Cincinnati and the Reverend L. Hall as speakers at this delightful affair. In June they rounded out the year's activities with their annual picnic, which was held at the home of Dr. and Mrs. Paul Carroll, "Hermitage Club," Newton, Ohio. This was a real "turn-out" and proved to be lots of fun.

The Toledo Dental Assistants Society held its annual banquet in June at the Hillcrest Hotel, with Reverend Alfred Peterson, of Westminster Presbyterian speaking on "The Backstage of the Ministry". With the Installation

of the new officers, this banquet brought to a close a most successful year for the Toledo society.

At the recent New Jersey State Dental Assistants Association annual meeting, held at the Ambassador Hotel, Atlantic City, N. J., Dr. William S. Carrick, of Asbury, was guest speaker at the luncheon honoring Margaret Hill, President of the Association. Dr. Garrick is a noted traveler, and his subject, "Here, There, Everywhere," proved very entertaining. The Assistants were honored with a party given by the Ladies Auxiliary of the New Jersey State Dental Society. This party was one of the highlights of the meeting, and the good fellowship of this party set the tempo for the entire meeting.

The Monmouth County Dental Assistants Association recently had Dr. Lawrence Burdge as their guest speaker, his subject, was "Dental Health Education," a topic of vital concern to us all. Their annual banquet held in June, at the Marine Grill in Asbury Park, honored their new members. A good time was reported; always makes the new members feel a part of things to be so honored.

The Essex County Dental Assistants Association held their annual dinner meeting in June too, at the Sheraton Hotel in Newark. Their new officers were installed by Mrs. Mabel C. Rickards, a former dental assistant and one of the Founders of their Association. "Once a Dental Assistant, always a Dental Assistant!"

Welcome, New Hampshire Dental Assistants Association, we're so proud of you. Let's have some news from your fine new Association.

Dr. Charles E. Farrel, of Providence, R. I., gave a most interesting talk to the Rhode Island Dental Assistants Association recently, on "Diseases of the Mouth," and they were also fortunate to have Prof. Edward Altman, also of Providence, speak on "Diet, Nutrition and Penicillin". At their June meeting, a "Quiz Program" was sponsored by the group, and proved to be lots of fun. This Quiz was prepared by the Public Relations Committee of the ADAA, and is listed as Bulletin No. 9. It is SOME quiz, secure one and have a big time at one of your meetings. It is most educational; some of the best are "stumped" for the answers!

The Philadelphia Association of Dental Assistants have been having fun too. The members were recently entertained at Dr. Samuel Feldman's "Haven". Wonderful fellowship and plenty feasting. Their Twentieth Anniversary dinner (Congratulations!) was a big success with eighty in attendance. Dr. Abram Cohen, President of the Philadelphia County Dental Society and Mary Connolly, St. Bernard, Ohio were the guest speakers. The Advisory Board members of the Association were also honored guests.

The Fifth Annual Meeting of the Oregon State Dental Assistants Association held in Portland, "The City of Roses," in June was one that will long be remembered. The beautiful programs of this meeting deserve recognition. Printed in green, on heavy white paper, with a beautiful large pink rose adorning the front cover, and the menu card of the Installation Banquet carrying out the same theme. We'll wager many of these found their way into "memory books". The General Meeting was held in the Rose Room of the Multnomah Hotel, and Dr. Samuel Brandon, President of the Portland District Dental Society gave the Address of Welcome, and also spoke on "The Assistant's Place in the Dental Profession". They too, were honored to have Dr. Kinley K. Adams, Vice-President of the Oregon State Dental

Association who spoke on "Why I Would Want to Belong to the Dental Assistants Association". Dr. J. Eugene Ziegler, of Los Angeles, spoke on "Roentgenography Technique and Interpretation," and Dr. S. C. Robinson, Honorary Member Oregon State Dental Assistants Association spoke on "The Responsibility of a Dental Assistant." You might gain an idea for a good clinic from the list of the fine ones presented at the Oregon Meeting. They were, "Base Plate Construction," "Comforts of the Patient in the Dental Office," "Coagulation and Bleeding," "Staining Glazing and Baking Root Tips on Porcelain Teeth," "Membership Booth," "Impression Tray," "Class V Acrylic Inlays," "Technical Requisites in Radiography for the Assistant," "Portland Public School Dental Department," "Miss Do and Miss Don't," and "Flower Arrangements for the Reception Room;" we'll give you the winners when the news comes in. There was lots of fun along with all the business, a trip to Timberline Lodge, Mount Hood, and "Open House," their formal Installation Banquet, and Brunch for the new Board of Directors.

Welcome, Eleventh District Dental Assistants Society of Georgia, we're awfully glad to have "youall". Let's have some news of your fine new Society.

That's all for now. Please have news for the November-December issue to the News Editor on or before September 15th. Your cooperation will be greatly appreciated.

The Illinois State Dental Assistants Association will hold their meeting in conjunction with the Illinois State and Chicago Dental Society, at the Continental Hotel, 505 N. Michigan Ave., Chicago, Illinois, Saturday, Sept. 14th and Sunday, Sept. 15th, 1946.

House of Delegates meeting, Saturday, Sept. 14th, 10:30 A. M.
Round-table Discussion, 12 noon.

Dinner-Dance—Tallo Ho Room—8:00 P. M.

Sunday, Sept. 15th, Open meeting at 2:30 P. M.

ATTENTION, SECRETARIES

Have any of your members passed away since September, 1945? If so, won't you please send their names, addresses and any data concerning them, to the Necrology Committee. This is the only way we have of knowing "WHEN and WHERE", we have lost a member by God's calling them to their "Home in the Skies". I will appreciate your cooperation. THANK YOU.

ABBIE PRYOR, Chairman,
418 Medical Arts Bldg.,
Birmingham, 5, Ala.

The November-December issue of your Journal will come to you about two weeks late, to permit a complete report of the Annual Meeting, which will be held in Miami, Florida, October 14-16.

Kansas: 2—Leavenworth, Marion, Secretary; 1—Lawrence, Hutchinson, Kansas; 5—Neosho, Mitchell, Parsons, Hutchinson, Hutchinson, Kansas; 6—Ruth Johnson, Trustee; 1—McPherson, Kansas; 1—Wichita, Kansas.



OFFICERS OF THE KANSAS STATE DENTAL ASSISTANTS ASSOCIATION, 1946-47. Left to right: 1-Dorothy Siemens, Treasurer, Newton, Kansas; 2-Zerich Mum, Secretary, Hesston, Kansas; 3-Eleonore Klimoski, President-Elect, Kansas City, Kansas; 4-Mae Camer, President, Hutchinson, Kansas; 5-Nelie Mitchell, Parliamentarian, Hutchinson, Kansas; 6-Ruth Johnson, Trustee, McPherson, Kansas; 7-Evelyn Topper, Trustee, Hutchinson, Kansas.

THE DENTAL ASSISTANT

(Continued from page 147)

as a branch of society. The growth and development of the community has been of little concern to the majority of physicians and dentists. It is surprising how few physicians and dentists exercise their franchise as citizens. Hundreds of them do not vote. This is indeed an indictment of the profession. Communities in which the dentist, whom you serve, practices are communities that have been developed by the progressive spirit of citizens who live in those communities. The dentist who is successful, who has an excellent practice owes his development and progress to the vitality of the community. His financial gain is due to the prosperous condition of the community. The dentist must return to the community a recognizable degree of interest in what becomes of it. There are those dentists and physicians who say that they give their time to indigent patients in their office or in the hospital. This is not enough. It would be better if the community was forced to pay the services that the physicians and dentists render in the hospitals so that these intelligent citizens would devote more of their time to community services. This would bring about a better understanding on the part of the dentists of community affairs. As the right hand of the dentist, it is essential that you become concerned in these community problems and that you study ways and means of arousing the interest of your dentist in these problems. You should know more about dental public health, more about the mouth health program in your public schools, determine in what way you might aid in fostering better programs in public health and school age dental education programs. It is essential that the dentists, physicians, dental assistants, dental nurses, and so forth, should educate society to the problems in health and welfare services for the whole community. By no means should the health education of a community be left to those who do not understand these problems. I am sure that if you were to contact your Council of Social Agencies you would learn of many programs in which you could serve that would be of benefit to the community and benefit to your office.

I have tried to make but one point in this discussion and that is the important place that the dental assistant occupies in American dentistry. It is a professional one. It is one in which will come educational advancement just as educational advancement has come for dentistry. The dental assistant is a pioneer in her field now, just as a dentist was a pioneer in his field in 1839. From the dental assistant shall come a professional development. Thus, as a pioneer, you must guard fervently the right for professional development, for there are those whose shallow thinking and actions would try to lead you to believe that you are a trade person, that you are a part of a guild or craft. This is not so. You must realize now that you occupy a professional position, that with it shall come the remuneration that is due one who provides a health need for the public. This can come only by education and by evolution, not by revolution. Trade organizations are not the way. Professional organizations are. You are a part of a branch of society whose objective must be service to mankind. Society does not always recognize services of your type. Society should be educated to do so. This education can come only from the professions.

The University of Texas, which I have the honor to serve as a member of its Board of Regents, has announced recently their approval of the establishment of a College of Dental Nursing. This college will offer training courses in dental assisting. This is a step toward an educational career for the dental assistant. In my opinion, the future is very bright for the dental assistant, if she will conduct herself as one who is a part of a cultured profession. You should be proud that you have the honor to be a part of a profession that serves the people. There is something in service which reaches out and above monetary gain.

Permit me to close by reciting for you the prayer of Maimonides, the great physician. While it is a prayer of the physician, it is a prayer to which the dental assistant may say "Amen" because of the knowledge that she possesses and, because of the satisfaction that she can feel in knowing that the services performed by the dentist could not have been performed as well without her assistance. The inspiration of the prayer of Maimonides will give you strength on those occasions when you will need it most.

The eternal Providence has appointed me to watch over the health and life of Thy creatures. May the love of my work actuate me at all times, may neither avarice nor miserliness, nor the thirst for glory of a great reputation engage my mind—Endow me with strength of heart and mind so that both may be always ready to serve the rich and the poor, the good and the wicked, friend and enemy, and may I never see in the patient anything else but a fellow creature of pain. If physicians more learned than I wish to counsel me, inspire me, O God, with confidence in, and obedience toward the recognition of them, for the study of science is great, it is not given to one alone to see all that others see. Grant me strength and opportunity always to correct what I have acquired,

(Continued on next page)

NOTICE OF AMENDMENT

Notice is hereby given that it is proposed to amend the ADAA By-Laws as follows:

Amendment to Article III, MEMBERSHIP, Section 1, add (c) Requirements for membership: the present active membership is automatically blanketed into Senior Membership. The active membership shall be classified as Senior and Junior Membership. The Senior Membership shall be composed of those dental assistants and dental hygienists who are graduates of accepted schools of dental assisting or dental hygiene and who have been employed one or more years in an ethical dental office. The Junior Membership shall be composed of all active members who have not passed the Senior Members' examination. A statement of employment from the employer shall be presented to the local secretary and kept by her on file. The Senior Members' examination shall be all written, prepared by the Education Committee of the ADAA, conducted by the local societies under the supervision of the State Society's Education Chairman. All examination papers shall be returned to the ADAA Education Chairman for correction and the issuing of Senior Membership certificates. Application for the Senior Members' examination shall be made to the ADAA Education Chairman who shall send the designated number of examination papers to the examining Chairman appointed by the State Society. Independent members of the ADAA shall apply to the ADAA Education Chairman for the Senior Members' examination. The ADAA Education Chairman, or her proxy, shall conduct the examination to be given to Independent Members at the annual meeting of the ADAA. A certificate of Senior Membership shall be given the member successfully passing the examination. This shall not be retroactive.

Amendment to Article X, Section 7, BUDGET COMMITTEE, strike out the following: "The Chairman shall designate to which account the expense is chargeable," so that the section will read: "It shall be the duty of the Budget Committee to prepare a budget for the ensuing year after a study of the income and expenditures of the past years. The budget shall be approved by the Board of Trustees."

Amendment to Article III, MEMBERSHIP, Section 1, (b), a clarification of the minimum requirements for all types of membership, "Graduation from high school or its equivalent." Add: "By the equivalent of a high school education it is intended that practical experience of one or more years in professional and business training in an ethical dental office, intelligence, personal aptitude and personality be used as the basis for determining an applicant's eligibility."

LUCILE BLACK,
DOROTHY L. BURKS,
MARGARET HILL,
HELEN H. FITTING, Chairman
By-Laws Committee.

(Continued from preceding page)

always to extend its domain, for knowledge is boundless and the spirit of man can also extend indefinitely. O God, Thou hast appointed me to watch over the life and death of Thy creatures. Here I am—ready for my vocation."

Presented at the Annual Meeting of the Indiana State Association of Dental Assistants, Indianapolis, Indiana, May 20, 1946.

SEPTEMBER - OCTOBER, 1946

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CERTIFICATION FOR DENTAL ASSISTANTS

Upon recommendation of the Military Affairs Committee of the American Dental Assistants Association the appointed Certification Committee has endeavored to seek out aid and information that will be the means of helping this Association to establish a method whereby Dental Assistants can be Certified, to raise their status and to increase their qualifications so that they might become recognized as qualified and experienced dental personnel. We have discussed at former sessions the idea of licensure for Dental Assistants, such discussion resulted in unfavorable reports and conclusions. It is apropos to consider, not license, but Certification, to better the status of Dental Assistants and to provide a sound basis for higher classification under Civil Service jurisdiction, such certification to be limited to members of the American Dental Assistants Association.

The Committee does not feel that examination should be compulsory to becoming a member of the American Dental Assistants Association until such a project is well on its way to success, some members might not be favorably inclined, new members might become confused. However, this Committee hopes that the present membership will set the precedent for future members.

PROPOSALS OF THE CERTIFICATION COMMITTEE

1. That this Association create a Board of Certification. This Board to be known as the AMERICAN DENTAL ASSISTANTS ASSOCIATION BOARD OF CERTIFICATION. This Board shall function independently of the ADAA Board of Trustees.
2. This Board shall consist of two dentists of the American Dental Association and three members of the American Dental Assistants Association, one from the Board of Trustees, one from the Past Presidents' Council, and the Educational Committee Chairman.
3. Two members of the Certification Board shall be elected for a period of three years, two members for two years, and one member for one year. No member of the Board shall serve for more than two terms, consecutive or otherwise. There shall be a Chairman and Secretary of the Board. This Board shall elect its own Chairman and Secretary from the said members. Dentists shall be requested to serve and upon their acceptance their names shall be presented for election.
4. The Chairman shall preside at all meetings and shall perform such other duties as this Board may direct.
5. The Secretary shall keep an accurate record of the meetings and transactions of this Board, as well as keep records of all applications for examinations, certificates granted, assistants registered as Certified Dental Assistants, and all necessary information in regard thereto. The Secretary shall keep a true account of all money received by the Board and shall deposit the same with the ADAA Treasurer for the purpose of paying expenses incurred by the Board. The Secretary shall likewise keep a record of all disbursements authorized by the Board for which vouchers will be issued signed by the Chairman and Secretary of the Certification Board. The Secretary shall dispatch and receive all applications and examination papers. The Secretary shall report to the ADAA Board of Trustees annually.

6. This Board shall designate the forms necessary for a full and complete record to be kept by its officers. It shall provide for the preservation of all applications and a record of its proceedings and for the maintenance of a register of assistants applying for examination and receiving Certificates, which register shall contain the names and addresses of all such persons.
7. The Board shall meet at the time of the ADAA annual meeting, at which time they shall conduct an examination. The Board shall prepare and correct all examination papers. They shall within sixty days following their annual meeting (at which time all examination papers shall have been sent to the Secretary) issue Certificates, signed by members of the Board, countersigned by the Secretary of the ADAA, to those members who have successfully qualified. Certificates shall be numbered. The actions and decisions of the Board shall be held in strict confidence.
8. In case of a vacancy on the Board the ADAA Board of Trustees shall have the power to appoint a successor to fill the unexpired term.

QUALIFICATIONS FOR EXAMINATIONS

- A. Examination to become a Certified Dental Assistant shall not be compulsory to becoming a member of the American Dental Assistants Association; the present membership shall, however, be urged to set the precedent for the future membership.
- B. Assistants who have been employed in an ethical dental office for a period of two or more years, those assistants who are graduates of accepted schools of Dental Assisting, and those assistants who have served as Dental Technicians in the armed services for a period of two or more years, and who are graduates of High School or have the equivalent education shall be eligible for examination. All applicants shall be active members of the ADAA for a period of one or more years.
- C. 1. Members who desire to become Certified Dental Assistants shall have studied the approved ADAA, "Text-book for Dental Assistants," by Dr. Irwin R. Levy, under the supervision of Dentists. (These study classes can, and should be, instituted in every local society at least six months, preferably one year, prior to examination.)
2. A Statement from the State (or local Secretary, where no state society exists) Secretary shall suffice as evidence that the applicant has studied under the supervision of a Dentist, the Text-book. This statement, together with a statement signed by the employer as to the length of employment, shall be kept on file with the applicant's examination papers by the Secretary of the Certification Board. The Secretary of the ADAA shall testify as to the length of active membership of the applicant.
3. Independent members who do not come under the jurisdiction of a State or Local Society may apply to the Certification Board to take the examination at their annual meeting. These independent members, and the independent members who do not have access to study classes in State or Local Societies, shall present a statement to the Secretary of the State or Local Society, or to the Secretary of the Board, signed by the employer that she has studied the Text-book for Dental Assistants.

EXAMINATIONS

1. Examinations shall be all written.
2. All examinations shall be prepared by the Certification Board and all questions taken from the accepted ADAA, "Text-book for Dental Assistants."
3. Application shall be on a form provided by the Board, accompanied by the examination fee of two dollars. An applicant shall not be given a refund upon failure to take the examination at the designated time. Each Certified Dental Assistant shall annually renew her Certificate by the payment of a fee of one dollar.
4. Application for examination shall be made at least sixty days prior to the date of the examination. The applicant shall apply to the State or Local Secretary, who shall apply to the Secretary of the Board, presenting the qualifications of the applicants for the desired number of examination papers. The Secretary of the Board shall send the examination blanks to the Examining Chairman, who shall hold them in secrecy until opened in the presence of the members taking the examination. Notice of the examination shall be published in State and Local bulletins, The Dental Assistant, and State and Local Secretaries shall notify their members of the examination at least ninety days prior to examination.
5. Examinations shall be conducted by the State or Local Society Education Committee Chairman, one member of the Executive Council by appointment, and one Dentist by request of the President of the State or Local Society.
6. Examinations shall be conducted one day prior to the Annual State or Local Society Meeting. Examination papers shall be immediately returned to the State or Local Secretary to be forwarded to the Secretary of the Board.
7. Certificates shall be displayed in the office of the employer.

AMENDMENTS

These rules or any part of them may be revoked or amended at any time by the Board of Trustees or House of Delegates of the American Dental Assistants Association.

KATIE McCONNELL, Chairman Certification Committee,
Respectfully submitted,
427½ Moreland Ave., Atlanta, Ga.

NOTES ON CERTIFICATION

CERTIFICATION: The act of Certifying: To testify to or make known in writing. **CERTIFICATION:** A written testimony to the truth of any fact: A Testimonial as to character or ability: A Statement written and signed and legally authenticated.

WHY CERTIFICATION? To better the status of Dental Assistants. To increase their qualifications that they might become recognized as qualified and experienced dental personnel. To improve the present classification for dental assistants under Civil Service.

CERTIFICATION will be limited to members of the American Dental Assistants Association. All applicants for examination shall be active members of the Association for a period of one or more years.

APPLICANTS FOR CERTIFICATION shall have been employed two or more years in an ethical dental office or graduates of accepted Schools

for Dental Assistants or Dental Hygiene; those who have served as Dental Technicians in the armed services two or more years. All must be high school graduates or have the equivalent education.

EXAMINATION will not be compulsory. NEW MEMBERS will not be compelled to take an examination to become members of the American Dental Assistants Association.

"THE TEXT-BOOK FOR DENTAL ASSISTANTS," by Doctor R. Irwin Levy, the approved A. D. A. A. text-book will be the basis for examinations.

CERTIFIED DENTAL ASSISTANTS will be qualified in all subjects covered by the proposed study classes. They would then only have to adapt themselves to individual requirements and employers.

The proposed BOARD OF CERTIFICATION shall investigate the fitness of training schools for dental assistants and private instructors who give proper training for them, arrange, control and conduct examinations, test qualifications of those who desire the highest qualifications as dental assistants and confer a Certificate upon those who meet the established standards. It will be the agency through which dental assistants can gain higher recognition.

THE PROPOSAL of the Certification Committee must be approved and accepted by the ADAA House of Delegates BEFORE it is presented to the American Dental Association for their approval.

It is the hope of the Certification Committee that advanced classes in specific work will be made available to Certified Dental Assistants.

The Proposal of the Certification Committee is an entirely different matter from the proposed amendment that would divide the membership into Senior and Junior Membership. It is unlikely that both of them can be adopted. We urge the membership to indicate to the Chairman of the Certification Committee, or the Chairman of By-Laws Committee, Helen H. Fitting, which of the two plans they prefer.

These notes are for YOUR information, read the Proposal of the Certification Committee and forward your comments, suggestions and criticisms to YOUR DELEGATE to the House of Delegates Meeting to be held in Miami Beach, Fla., October 14-15-16. This project is to be discussed at a special session and it is the wish of the Committee that EVERY MEMBER know of the Proposal. It is published in the DENTAL ASSISTANT for the benefit of the entire membership.

EMMA LUKE,
MELVA RUSSLER,
KATIE McCONNELL, Chairman,
427½ Moreland Ave., N. E.,
Atlanta, Ga.

***Oh, the fields are golden now, the sun is sweet as wine,
The lake lies blue beneath us, and the leaves are thick and fine;
The fluffy clouds are drifting by, the winds are all a-blow;
The geese are flying south before the vanguards of the snow.

Come out, come out across the hills! The golden blossoms call,
September lifts her trumpet to her lips, and comrades all,
But hearken to the ringing cry she sends from hill to hill—
The scarlet leaves come fluttering down, the asters all are still.

—Sara Hamilton Birchall.

DENTAL ASSISTANTS GIVE COMMUNITY SERVICE

By Alice Casey

(President Memphis, Tenn. D. A. A.)

The Memphis Dental Assistants Society has experienced so much joy and satisfaction in the entertainment they have done for the service men during 1945, they wish to pass a bit of information covering this entertainment on to you.

The Society voted to do some personal service work for hospitalized service men during the year. Plans were made to give a party at the Army Hospital, and another at the Navy Hospital. Two afghans were to be made and given away. Committees were appointed to make party arrangements; Ola Lundy was given charge of the afghans. The girls were given quotas of six-inch woolen squares to knit. After the necessary number of squares were completed, they were turned over to Ola to assemble. She finished them off with a crocheted border in three different colors, making the completed afghans 6½ feet by 4½ feet each. The various colors in the individual squares were blended to form a vivid pattern, and after the afghans were blocked, we were all properly impressed by their beauty. Incidentally, the afghans and all other party expenses were financed by free-will offerings from Society members.

On May 21st, we gave a party for the soldiers at Kennedy General Hospital in Memphis. Upon arrival at the hospital, we were assigned the Paralytic Ward by the Red Cross Director. We were warned not to expect very much enthusiasm from the patients, because they were all quite ill, and at least half of them would never walk again; however, it was felt their need for friendly companionship and encouragement was greater than any other ward in the hospital. There were approxi-

mately 35 patients, with practically all of that number unable to be out of bed. After arranging the 16 dozen American Beauty roses we had brought throughout the long room, and passing a stack of magazines among the boys, we visited at their bedside . . . talking and playing cards with those few who felt well enough to play. A portable piano was brought into the ward, and one of our girls played all through the evening the songs the boys requested. Elizabeth Mays sang two beautiful songs, which were enjoyed very much. Refreshments were served as the evening drew to a close. These, consisting of ice-cream covered with fresh, crushed strawberries, large slices of home-made chocolate cake, and iced cokes, were received with a great amount of appreciation. The girls had prepared enough to serve another ward and send several plates upstairs to boys who were in temporary rooms until removal to the Paralytic Ward. Just before saying "Goodnight", the afghan was presented to the patients by the president, and placed on one of the beds.

We were amazed by the cooperation we had from the boys, and were assured by the Red Cross Director that our party was the most successful ever given in that particular ward. It was not with any feeling of triumph that we left the hospital, however, but with a feeling of humility and heartfelt thankfulness for all these boys who had sacrificed so much for people like us. Not one of the 30 girls attending the party would have missed her part in it for anything in the world. Just knowing that a word of cheer and comfort had helped to brighten the faces of these wounded soldiers was

enough to warm our hearts for a long, long time to come.

On October 18th, we gave a party at the U. S. Naval Hospital in Millington, Tennessee, 25 miles from Memphis. A private Navy bus was sent in town at 6:15 p. m. to bring us out in a group. After reaching the hospital, the Red Cross Director led us to the Surgical Ward, where there were 45 patients. These boys were, for the most part, well enough on the road to recovery to take part in making the party a grand one from beginning to end. Although it was early for Halloween, we decided to make time move faster for them by bringing Halloween to the ward that very night. Instead of roses for this party, we brought jack-o'-lanterns, huge cutouts of owls, witches, pumpkins, etc., and tied them on every bed. Even though they were "big" boys, these colorful additions to the room brought a pleased smile to every face.

Our pianist had proven so popular at the former party we gave, we brought along another girl to furnish these patients with the music they liked and wanted. Every boy who was allowed to be out of bed crowded around the piano and joined in singing, as one request after another was played. These songs ranged all the way from cow-boy tunes to semi-classical numbers. The girls went from one boy to another to visit and talk with those who were still too weak from operations to be out of bed. None were too ill to show us pictures of their families, girl friends, items they had collected, and tell us stories of home. They liked to tell jokes on their fellow patients, too, which we enjoyed with them. For refreshments, and at the request of the Red Cross Director, we served different kinds of sandwiches, stuffed olives, potato chips, and punch with sherbet. A Hal-

loween motif was carried out in the plates, napkins, etc., which added a bit of gaiety. Again, we had prepared enough food to serve another complete ward, making a total of 102 plates served. After refreshments, the afghan was presented by the president, assisted by Ola Lundy, and placed in the custody of a 19 year old lad, who had been operated on that morning for the removal of shrapnel from the area near his heart. This was his third operation. He was a pretty sick boy, but the most wonderful smile spread over his face, when the afghan was placed on his bed, and he said again and again how nice it was. His smile, alone, was payment in full for any amount of trouble or work the party might have cost us. We were wished a cheerful "Goodnight" by every fellow in the ward, and asked to please come back again. The Navy bus returned us to Memphis, arriving there at 10:00 p. m. Again, we felt a warm satisfaction in the thought that we had touched lightly and briefly the lives of those who gave so much for our country, and left them with the knowledge that we were grateful.

As an aftermath of the party at the Navy Hospital, one of our members, who is serving as a WAVE in the United States Navy, gave a radio in the name of the Memphis Dental Assistants Society to the hospital, to be rotated from ward to ward. This was received with an abundance of gratitude, because radios are so much in demand and there are so few of them. We, too, appreciated our quite new member, Venese Vaughan, doing this in the Society's behalf.

We feel that the contact we had with the boys of our armed forces was a blessing to us, individually and as a group. Every girl was in-

spired with what these soldiers and sailors have done, and our hearts are filled with thanksgiving to God that we had the privilege of saying, "Thank you—thank you, fellow, for all you've done," in person, to a few, who have gone into battle and faced death again and again. We pray God's blessings upon them. Let's not forget them and their sacrifices, since peace has come. They need us more than ever now.

The LaPorte, Indiana Dental Assistants Association took charge of the Display Case in the LaPorte High

School. The exhibit, entitled "Dental Health—The Story of Your Teeth" portrayed tooth development from infancy to adult-hood. Pictures and large tooth models showed damage done by Dental caries, and the value of Dental care in effecting restorations and remedies. The relation of diet to dental health, the value of orthodontia and the charm of good-looking teeth and a clean and healthy mouth was brought out. The exhibit created a great deal of interest and received much favorable comment. (Picture on opposite page.)

ADAA Membership

The membership drive for 1946 is closed and of course you are anxiously awaiting the results. Last year at the date of the Annual meeting we had a membership of 2,837, and so far this year our Treasurer has received dues for 3,535 members, or approximately an increase of 700 members. This is the highest the ADAA membership has ever been. Isn't that something to rave about?

Here are the results:

In Class I (less than 50 members in 1945) the awards will go to:

Detroit Dental Assistants Association	216%
Dental Assistants Assn. State of New York	120%
Pittsburgh Dental Assistants Association	117%

In Class II (less than 100 members in 1945) the awards will go to:

Iowa State Dental Assistants Association (1st)	113%
Alabama Dental Assistants Association (2nd)	88%
Indiana State Association Dental Assistants (3rd)	87%

In Class III (more than 100 members in 1945) the awards will go to:

Northern California Dental Assistants Assn.	60%
Massachusetts Dental Assistants Assn.	33%
Southern California Dental Assts. Assn.	30%
Texas State Dental Assistants Assn.	30%

The various States will be receiving their awards very shortly for this contest, but remember that there will be three gold cups, the Lucite gavel, and the Honorable Mention ribbon awarded in Miami to the State societies with the largest total increase in membership for the whole year. So keep on trying.

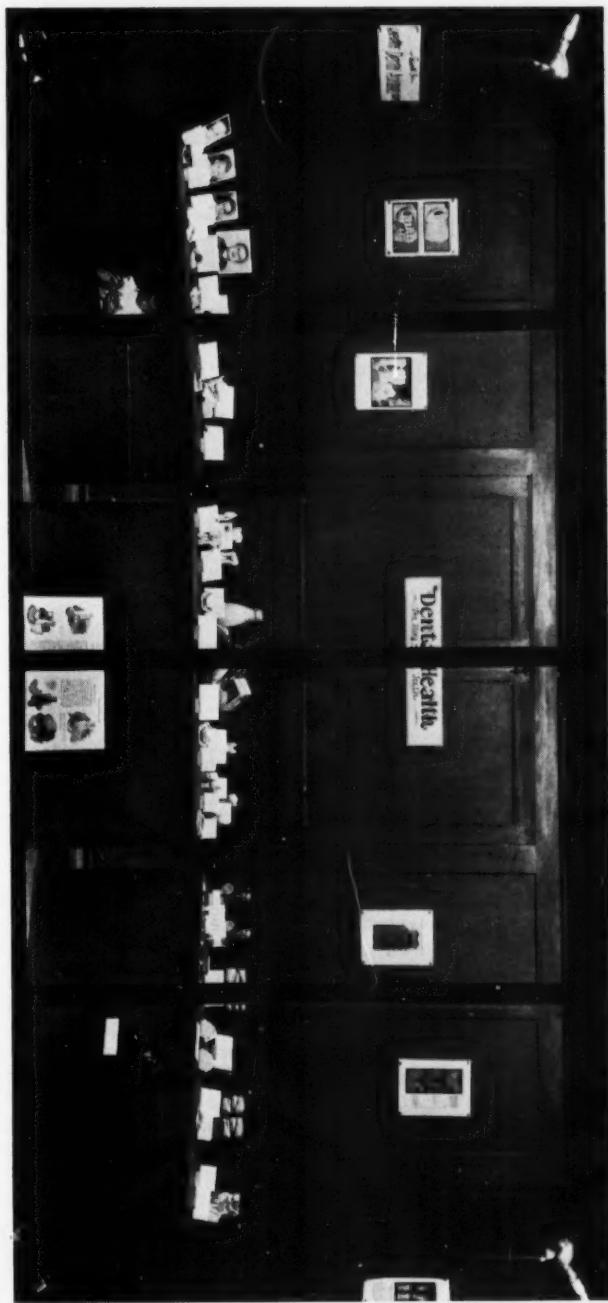
Congratulations to each and every member of the A. D. A. A. for helping to make such a record this past year. As we come to the close of this year and are thinking about members for this next year, may I urge each and every component society to try and make the terminated lists the shortest ever for this coming year. May I suggest this motto to you: "Every Member a Renewed Member by November 1st."

VIRGINIA NEWELL, Membership Chairman, A.D.A.A.

Sincerely,

626 Wakefield Bldg., Oakland 12, Calif.

DISPLAY CASE in LaPorte High School, LaPorte, Indiana, with Dental display, "Dental Health—the Story of Your Teeth," presented by the LaPorte Dental Assistants Association.



CLINIC INFORMATION

Attention All State Dental Assistants Societies:

Our long awaited National Clinic presentation is close at hand and we will again have the splendid opportunity to present clinics at the forthcoming annual meeting of the American Dental Assistants Association held in conjunction with the American Dental Association to be held at Miami, Florida, in October.

All clinics should be limited to table demonstrations.

It is important that the clinician select her clinic demonstrating some phase of the work she does in the office. This is imperative so that we do not at any time infringe on the rights of the dental profession. Some states do not permit dental assistants to take X-rays. It is best to cover only one subject in presenting a clinic.

Important:

The professional appearance of the clinician is of the greatest importance. A well laundered, long-sleeved uniform, white slip, white shoes and hose, and the official ADAA cap must be worn by the dental assistant. No jewelry, except the ADAA official pin, class ring may be worn; no bright colored handkerchief in the uniform pocket, no obvious cosmetics and no bright colored nail polish are to be worn by the clinician. The official ADAA cap may be purchased at any large department store.

All trade names, manufacturer's names, etc., must be removed or covered with adhesive tape before you display your material on the clinic table.

Stress originality in your clinic presentation.

Don'ts:

Do not ask for any equipment such as sterilizers, X-ray shadow boxes, etc., as these are difficult to get from local dental supply houses. Bring your clinic material with you.

Clinics will not be competitive and no awards will be presented.

Posters:

Every constituent society is requested to submit a poster for the ADAA Scientific and Health Exhibit booth. These posters should be 15x18 inches, made of cardboard, and must be planned along the general theme of service by the dental assistant to the dentist, preventive care, and patients' dental health. Posters are judged on originality, appearance, and value of subject.

Posters, in color, attract more attention than those in black and white. Painted, crayoned, and cut-out pictures are acceptable.

Be sure . . . that your mailing address is on the back of the poster.

Let us make these the very best clinics we have ever presented at our ADAA meetings.

Bring your clinic to . . . MIAMI.

ELEANORA SCHUMAN, Chairman
Clinics and Exhibits Committee,
American Dental Assistants Association,
1219 S. 50th Street, Milwaukee 14, Wisconsin.

DENTAL CEMENTS

By R. W. Phillips

(Instructor of Dental Materials, Indiana University School of Dentistry)

The technique of mixing cements is very easily acquired. It does not require great precision or delicate manipulative skill, but it does require attention to detail and careful handling of the materials in hand. We are actually dealing with a chemical problem in a physical way. The end products would be just about the same if we poured a bottle of cement powder into a bottle of cement liquid, but the material could not be used for the purposes for which it was intended. It requires proper manipulation in order to render the mass plastic and adaptable to its use in dentistry. Remember that our present dental cements are the weak link in the otherwise strong chain of dental castings. Even at their very best they leave much to be desired. When handled properly they do their job adequately, but improper manipulation, even of the best products, produces inferior properties and a clinical failure. The brand of cement which you are using is probably a good one but improper use of it will hasten the failure of the restoration or appliance.

The following brief notes are pointed out as a guide of factors to watch in order to secure the best possible results from your cement, regardless of the make. If these few points are kept in mind, the proper setting time will always be maintained, the strength will not be lowered, and the solubility in saliva will be at a minimum.

1. Use a clean, polished, heavy glass slab, free from scratches. The slab should be cooled to a temperature between 65° to 75° F. The higher the temperature of the slab, the less powder that can be incorporated. Since

the main secret of cement success lies in the ability to incorporate as much powder as possible, the slab should always be cooled, but never so low that moisture condenses on it.

2. Proper care of the liquid is essential. The liquid is the vulnerable part of any dental cement. If exposed, it either evaporates or absorbs moisture, depending upon the humidity of the room. Very slight deviation in the water balance of the liquid will upset the whole setting reaction. For this reason the bottle should always be tightly stoppered and the liquid should not be placed on the slab until the moment the operator is ready to proceed with the mix. Keep the neck of the bottle clean. Agitation of the liquid by shaking the bottle is unnecessary; it only results in a smeary cap.
3. If the manufacturer supplies a weighing device, use it. The powder-liquid ratio is so very important and this is the easiest way to have it correct.
4. Follow the manufacturers' directions explicitly. Their directions, and only the prescribed procedure, will produce the maximum results for that particular cement.
5. After placing powder on slab, divide it into four or five portions. Incorporate one portion at a time, thoroughly spatulating the mass until it is homogenous before adding a second portion. It is best to add small portions in the early stages. Subsequent larger portions of powder will work in smoothly and avoid

lumpy or clotty conditions. Mix should be completed in 1½ to 2 minutes.

6. Each operator has his own particular preference regarding consistency, but the following general points should be observed. The best consistency for the mix is determined by this rule: Incorporate all the powder possible without exceeding the state of plasticity indicated for proper seating of the work at hand. Always attain the desired consistency by addition of more powder, never

by allowing a thin mix to stiffen.

Cement consistency is generally correct when the mix is creamy and will fall from the spatula in a gummy drop. It will follow the spatula and break in a thin thread.

Filling consistency or for dressing, seal, liner, base or stop is correct when cement hangs but does not drop from spatula. This mix will be tacky and have a putty-like consistency.

Cement Faults

Two common causes are responsible for most cement difficulties: 1. Use of a liquid which has become changed by exposure to the atmosphere or by contamination; 2. Improper technique in mixing.

When a cement sets too slowly the cause is generally:

1. The mix has been made too thin.
2. The mix has been over-spatulated. The longer the spatulation, the longer the setting time.
3. The liquid has changed because it has not been cared for properly.

When a cement sets too fast the cause is generally:

1. Mixing on a warm slab.
2. Insufficient spatulation.
3. Too rapid addition of powder in early stages of mixing.

Precipitation or cloudiness in liquid may result from evaporation and crystallization of any liquid which is allowed to gather inside the cap or around the neck of the bottle. Liquid should not be used when it shows cloudiness.

Never return surplus powder that has been on the mixing tablet to the bottle. The powder may have come into contact with the liquid, and when returned to the bottle may affect the properties of subsequent mixes.

Never add liquid to a mix. Make a new mix.

NOW IT IS TOMORROW

(Continued from page 149)

It is my honest conviction though, that we as individuals will attain to this goal more surely and in a shorter period of time, if we are united in the Dental Assistants Association. In this Tomorrow, we are as never before, living in the "group" age—and certainly, Dental Assistants Association shall not be less in strength or in spirit. "A precious heritage" this Association is to us, and "it shall go honored and cherished to the next generation."

In this new epoch of the world's progress, as your President, I am urging that our hearts be securely knit together in planning for perpetual progress, that others yet unborn shall enjoy even greater privileges and greater benefits.

—Presented at the Seventeenth Annual Meeting of the Georgia Dental Assistants Association May 13, 1946.



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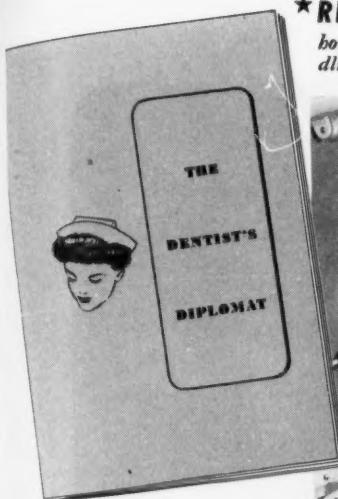


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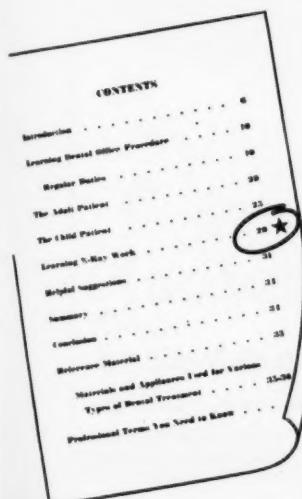
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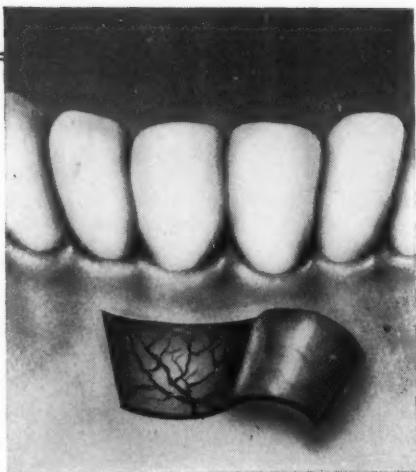
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*Pharmacology and Dental Therapeutics, a Text-book for Students and Practitioners, ed. 1, St. Louis, the C. V. Mosby Co., 1945, p. 450.

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